

# CITY OF MANKATO



## PARKS DIVISION APPLICATION FOR BUSINESS PERMIT IN PARKS

The City of Mankato Parks Division will grant a permit to operate a self contained business with in the City parks with the following conditions.

**A. Type of Business:** \_\_\_\_\_

**B. Locations:** Requested City Park(s) \_\_\_\_\_

**C. Term:** This permit will be in effect 30 days from the accepted date below. The permit may be renewable upon request of the vendor and approval of the Parks Superintendent.

**D. Insurance:** The Business shall furnish all necessary insurance for the operation of the business unit and the acts of its employees. Liability coverage shall be provided in the amounts of at least one million (\$1,000,000) dollars for injuries and / or damages to anyone person. One Million (\$1,000,000) dollars for injuries and / or damages arising from any one act or omission and for any property damage sustained for anyone act or omission. The Business will provide proof of insurance with the City named as additional insured prior to vending in City Parks.

**E. Permits and Licenses:** All licenses required by the City of Mankato, State of Minnesota, and Blue Earth County shall be obtained by the Business who will be responsible for all license fees.

**F. Conduct of Business:** The Business will keep all equipment in clean and good operating condition, clean up all trash related to their operation and dispose of properly. The Business shall not vend in Parks that are reserved for special events unless invited by the Special Event organizers. The Business will get approval for stopping locations in the Parks from the Parks Superintendent. The Business will comply with all Local, State & Federal laws as they related to their service or product.

**G. Permit Termination:** The City may terminate the permit with the Concessionaire with a 5 day prior written notice for violation of the permit conditions.

**I have read and understand the terms and conditions of this permit:**

\_\_\_\_\_  
Vendor Name: (print)

\_\_\_\_\_  
Address, City, State, Zip Code

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date:

**Approved by:**

\_\_\_\_\_  
Park Superintendent:

\_\_\_\_\_  
Date: